



MABALACAT CITY COLLEGE

OFFICE OF THE COLLEGE REGISTRAR

CLEARANCE FOR RETURNING STUDENT

STUDENT INFORMATION	
	Date: _____
Student No.: _____	
Name: _____	
(First Name) (Middle Name) (Last Name)	
Address: _____	
Program / Major: _____	
Semester/Academic Year last attended: _____	
Active Contact No.: _____	
Active E-mail Address: _____	
Facebook Name: _____	
<p><i>“By signing this form, I give consent to the collection, use, disclosure, and processing of my personal and/or sensitive information.”</i></p>	
<p>_____</p> <p>Signature over printed name</p>	

CLEARANCE	
<p>(1) _____</p> <p style="text-align: center;">College Librarian</p>	<p>(2) _____</p> <p style="text-align: center;">Cashier</p>
<p>(3) _____</p> <p style="text-align: center;">Institute Dean</p>	<p>(4) _____</p> <p style="text-align: center;">Registrar</p>

FOR REGISTRAR'S USE ONLY	
<p>Remarks: _____</p>	
<p>Signature: _____</p>	<p>Date: _____</p>

IMPORTANT: Accomplish this form in triplicate (1 copy for the Registrar, 1 copy for the institute, and 1 copy for the student's file).